

NAME OF FACILITY:
DATE:

**ALABAMA BOARD OF NURSING
CHEMICAL DEPENDENCY TREATMENT PROVIDER APPLICATION**

1. As a part of treatment, would you require Alabama licensed nurses to self-report to the Alabama Board of Nursing?
2. List the type and number of twelve-step meetings you require participants to attend during treatment, if any.
3. Do you offer continuing care?
If so, what is the average length of time an individual participates in continuing care?
In how many sites/locations do you offer continuing care?
4. How often is the medical director physically present in your facility?
5. If an individual needs a psychiatric consultation, who provides the service? What are the qualifications of the individual(s)?
6. If an individual requires neuropsychiatric testing, who provides the service? What are the qualifications of the individual(s) conducting the testing?
7. What is the relapse rate for nurses who complete your treatment program at the specific intervals listed? (Relapse is defined as the use of alcohol or drugs when total abstinence has been directed.)

0-1 Year	
1-2 Years	
> 2 Years	

8. For the services listed, please identify the average length of time an individual would be involved in those activities. If you do not offer the services, please indicate that as well.

Service	Average Length of Time
Detoxification	
Inpatient treatment	
Partial hospitalization	
Intensive outpatient	
Outpatient	
Continuing Care (aftercare)	

9. Provide a specific breakdown of an average week in your treatment program for the services listed in question number 8. Include day(s) of week, times, specific activities.

10. Do you have a Board-certified addictionologist on staff? If so, please provide curriculum vitae.

11. Do you routinely drug screen participants in your treatment program? If so, how frequently? If not, why not?

12. Do you offer detoxification services?

13. Over the last 18 months, how many licensed nurses have participated in your primary phase of treatment?

14. Do you have a treatment program specific for health professionals?

15. The Board of Nursing requires a comprehensive chemical dependency, physical, and mental evaluation at the beginning of treatment. Describe how you provide the following services:

Physical examination
Neuropsychiatric testing
Biopsychosocial evaluation
Psychiatric evaluation
Chemical dependency evaluation, diagnosis

16. Are you certified by the State Department of Mental Health in Alabama? Accredited by Joint Commission on Healthcare Organizations?

17. How do you address family of origin issues such as abuse, incest, etc.?

18. What strategies do you use to deal with addicts with chronic pain?
19. Do you meet the criteria for chemical dependency treatment providers posted on the Board's web site at www.abn.state.al.us? If not, what criterion do you lack?

PLEASE RETURN TO:

N. GENELL LEE, MSN, RN, JD
EXECUTIVE OFFICER
ALABAMA BOARD OF NURSING
P.O. BOX 303900
MONTGOMERY, AL 36130-3900

1-800-656-5318
Genell.Lee@abn.alabama.gov

Information about the Board of Nursing voluntary alternative to discipline program is available on the Board's web site, www.abn.state.al.us